DEPRESSIVE DISORDERS

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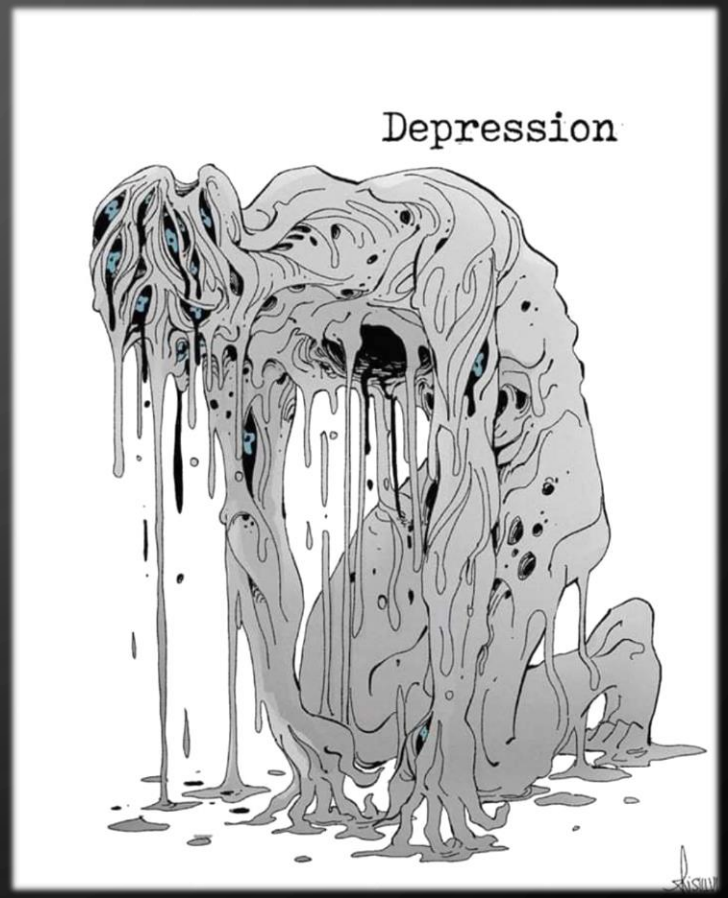
DEPRESSION

Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.



TYPES OF DEPRESSIVE DISORDERS

There are numerous types some of which are mentioned below

I. Disruptive mood dysregulation disorder
II. Major depressive disorder
III. Persistent depressive disorder (Dysthymia)
IV. Premenstrual dysphoric disorder
V. Substance/Medication-Induces depressive disorder
VI. Depressive disorder due to another medical condition

DISRUPTIVE MOOD DISORDER

Diagnostic Criteria

- It is characterized by frequent temper outbursts shown verbally or/and behaviorally that are out of proportion in intensity or duration to the situation or provocation
- These temper outbursts are inconsistent with developmental level and they occur on average 3-4 times per week
- The mood between temper outbursts is persistently irritable or angry most of the day, nearly everyday and is clearly observable by others

TIME DURATION

- The symptoms should be present for 12 months or more and a person shouldn't have more than 3 consecutive months without the symptoms to have this disorder and the symptoms should be present in at least two out of three settings(i.e at home, school ,with peers and are severe in one of these
- The diagnosis shouldn't be made for the first time before 6 years age or after 18 years

ETIOLOGY

- Children with a history of chronic irritability are more likely to be diagnosed with disruptive mood dysregulation disorder. This includes children who from a very young age have struggled to deal with frustration or adapt to change without losing their temper.
- Sometimes children with an earlier diagnosis of ADHD or anxiety can get an alternative or additional diagnosis of DMDD.
- DMDD is thought to occur more often in boys than girls.

TREATMENT

- DMDD is treatable, usually with behavioral therapy or a combination of behavioral therapy and medication.
- **Psychotherapeutic:** The goal in DMDD treatment is to help children learn to regulate their emotions and avoid extreme or prolonged outbursts. A combination of dialectical behavior therapy for children (DBT-C) and parent management training can be used
- In DBT-C, instead of dismissing a child's emotions, the therapist validates those emotions and then helps the child develop skills to cope when her feelings become too intense or unmanageable. The child learns mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness skills.

- Parents, too, learn these skills, both to help their child and to use in managing their own emotional response to their child's outbursts.
- In parent management training, parents are taught strategies they can use when responding to a child's disruptive behavior, to avoid reinforcing outbursts and instead reward desired behaviors.
- **Pharmacological:** Medication can be prescribed when therapy and parent training are not available, or not effective alone. Stimulant medication, which helps kids rein in impulses, and an antidepressant with mild side effects, like SSRIs, are usually a first step when medication seems necessary. If that combination doesn't work, or if there's an urgency to the situation, a low dose of an atypical antipsychotic such as Risperdal can be prescribed.

MAJOR DEPRESSIVE DISORDER

Diagnostic Criteria :

- It is characterized by depressed mood most of the day, nearly everyday and having no pleasure or interest in all or almost all activities.
- Signified weight loss or weight gain or decrease or increase in appetite.
- Psychomotor retardation nearly everyday (restlessness or being slowed down).
- Cant think or concentrate well and is indecisive and have thoughts of death.
- Insomnia or hypersomnia plus feeling of fatigue or energy loss everyday.
- The symptoms should be present everyday for the consecutive 2 weeks period.

ETIOLOGY

- The exact cause isn't known. However, there are several factors that can increase the risk of developing the condition. A combination of genes and stress can affect brain chemistry and reduce the ability to maintain mood stability. Changes in the balance of hormones might also contribute to the development of this disorder.
- It may also be triggered by:
  - alcohol or drug abuse
  - certain medical conditions, such as cancer or hypothyroidism
  - particular types of medications, including steroids

TREATMENT

- Primary care providers often start treatment for MDD by prescribing antidepressant medications
- **Selective serotonin reuptake inhibitors (SSRIs).** These antidepressants are frequently prescribed. SSRIs work by helping inhibit the breakdown of serotonin in the brain, resulting in higher amounts of this neurotransmitter.
- Serotonin is a brain chemical that's believed to be responsible for mood. It may help improve mood and produce healthy sleeping patterns. People with MDD often have low levels of serotonin. An SSRI can relieve symptoms of MDD by increasing the amount of available serotonin in the brain.
- SSRIs include well-known drugs such as fluoxetine (Prozac) and citalopram (Celexa). They have a relatively low incidence of side effects that most people tolerate well.

- **Psychotherapy**

  Psychotherapy, also known as psychological therapy or talk therapy, can be an effective treatment for people with MDD. It involves meeting with a therapist on a regular basis to talk about your condition and related issues.

- **Lifestyle changes**

  a) Eating right

  b) Avoiding alcohol and certain processed foods

  c) Getting plenty of exercise

  d) Sleeping well

PERSISTENT DEPRESSIVE DISORDER

DIAGNOSTIC CRITERIA :

- It has same symptoms as depressive mood disorder which includes depressed mood for most of the day and poor appetite or overeating , insomnia or hypersomnia , low energy or fatigue , low self-esteem , poor concentration or difficulty in making decisions and feelings of hopelessness.
- Criteria for a major depressive disorder must be continuously present for 2 years to be persistent depressive disorder.

ETIOLOGY

The cause of PDD isn't known. Certain factors may contribute to the development of the condition. These include:

1. a chemical imbalance in the brain
2. a family history of the condition
3. a history of other mental health conditions, such as anxiety or bipolar disorder
4. stressful or traumatic life events, such as the loss of a loved one or financial problems
5. chronic physical illness, such as heart disease or diabetes
6. physical brain trauma, such as a concussion

INTERVENTION

MEDICATIONS

the types of antidepressants most commonly used to treat persistent depressive disorder include:

- Selective serotonin reuptake inhibitors (SSRIs)
- Tricyclic antidepressants (TCAs)
- Serotonin and norepinephrine reuptake inhibitors (SNRIs)

Therapy

Talk therapy is a beneficial treatment option for many people with PDD. Seeing a therapist can help you learn how to:

- express your thoughts and feelings in a healthy way and cope with your emotions
- identify thoughts, behaviors, and emotions that trigger or aggravate symptoms
- replace negative beliefs with positive ones and adjust to a life challenge or crises
- regain a sense of satisfaction and control in your life and set realistic goals for yourself

Lifestyle Changes

PDD is a long-lasting condition, so it's important to participate actively in your treatment plan. Making certain lifestyle adjustments can complement medical treatments and help ease symptoms.

PREMENSTRUAL DYSPHORIC DISORDER

It is characterized by following during at least 2 consecutive menstrual cycles(diagnosis) :

- Marked affective lability (mood swings , sudden sadness , increased sensitivity)
- Increased irritability or anger or interpersonal conflicts
- Marked anxiety, tension , hopelessness or self-deprecating thoughts
- Decreased interest in usual activities(work, school, friends, hobbies)
- Difficulty in concentration, lethargy or lack of energy
- Change in appetite ,overeating, or specific food cravings
- Hypersomnia or insomnia or physical symptoms like breast tenderness or swelling ,joint or muscle pain , a sensation of ‘bloating’ or weight gain

ETIOLOGY

- **CYCLIC CHANGES IN HORMONES**

  Signs and symptoms of premenstrual syndrome change with hormonal fluctuations and disappear with pregnancy and menopause

- **CHEMICAL CHANGES IN THE BRAIN**

  Fluctuations of serotonin, a brain chemical (neurotransmitter) that's thought to play a crucial role in mood states, could trigger PSM symptoms. Insufficient amount of serotine may contribute to premenstrual depression, as well as fatigue , food cravings and sleep problems

- **DEPRESSION**

  Some women with severe premenstrual syndrome have undiagnosed depression, though depression alone does not cause all of the symptoms

INTERVENTION

The success of medications in relieving symptoms varies among women. Commonly prescribed medications for premenstrual syndrome include:

- **Antidepressants.** Selective serotonin reuptake inhibitors (SSRIs)
- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Taken before or at the onset of your period, can ease cramping and breast discomfort
- **Diuretics.** When exercise and limiting salt intake aren't enough to reduce the weight gain, swelling and bloating ,taking water pills (diuretics) can help your body shed excess fluid through your kidneys. Spironolactone (Aldactone) is a diuretic that can help ease some of the symptoms
- **Hormonal contraceptives.** These prescription medications stop ovulation, which may bring relief

SUBSTANCE/MEDICATION-INDUCED DEPRESSIVE DISORDER

DIAGNOSTIC CRITERIA :

- It is characterized by depressed mood or diminished interest or pleasure in all or almost all activities soon or after substance intoxication or withdrawal or after exposure to a medication
- The above mentioned symptoms should exist for about a month after the cessation of acute withdrawal or severe intoxication
- The disturbance causes distress in social, occupational etc. and the disturbance doesn’t occur during the course of delirium.

ETIOLOGY

The use and abuse of certain medications, drugs of abuse and/or alcohol can lead to classic symptoms of major depressive disorder. However, a depressed mood or sense of hopelessness can also lead to a cycle of substance use. Often, people who feel down use drugs or alcohol in order to try to make their pain go away. This is often referred to as self-medicating. However, this often leads to a person continuing to use the drugs or alcohol and can even lead to addiction. This drug use can then make the person's moods and self-esteem even lower

INTERVENTION

Despite the fact that the origin of this ailment is a form of a substance, pharmacological treatments have proved surprisingly beneficial with deliberate oversight by the prescribing professional. As is true with all aspects of this disorder, pharmaceutical therapy is complicated and individualized. Often the patient will be expected to go through some form of total detoxification of two to four weeks in order to cleanse their system of all substances before a drug treatment can begin. The most common choice of drug therapy is antidepressants and mood elevators such as SSRIs. Also, there are a number of pharmacotherapies that have proved beneficial in treating alcohol abuse as well such as Disulfiram

DEPRESSIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION

1. DIAGNOSTIC CRITERIA

Persistent period of depressed mood or diminished interest or pleasure in all or almost all activities

2. ETIOLOGY

There is the evidence from the history , physical examination or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.

3. INTERVENTION

Cognitive behavior therapy and psychotherapy are effective treatments

THANK YOU

- REFERENCES

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